ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

95 APR 14 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S35930 (4)

1. Corporation Name

STATE DISCOUNT PREMIUM FINANCE, INC.

Principal Place of Business	Mailing Address
713 N MILITARY TRAIL WEST PALM BEACH FL 33415	7421 RALEIGH ST. HOLLYWOOD FL 33024 US

Premium Finance Management

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
03/04/1991	04/19/1994

2. Principal Place of Business	2a. Mailing Address
21 17982 S.W. 97th Ave.	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FLORIDA	City & State 28
Zip 24 33157	Zip 29
Country 25 DADE	Country 30

4. FEI Number
65-0256464
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHEPHERD, JOANNE
7421 RALEIGH ST.
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVT	1.1 TITLE	☐ Change ☐ Addition
NAME	SHEPHERD, JOANNE	1.2 NAME	
STREET ADDRESS	7421 RALEIGH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	SHEPHERD, JOANNE	2.2 NAME	
STREET ADDRESS	7421 RALEIGH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jo Anne Shepherd JoAnne Shepherd 4-10-95 305-753-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000083 CP